

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Long</i>	<i>12</i>	<i>10/10/02</i>
O.I.P.E. CLASSIFIER	<i>M. M.</i>	<i>71629</i>	<i>10/17/02</i>
FORMALITY REVIEW			<i>11-17-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/17/02
2	✓	✓	7/29/02
3	✓	✓	10/25/05
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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32	✓	✓	
33	✓	✓	
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35	✓	✓	
36	✓	✓	
37	✓	✓	
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39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
16	51	✓	10/25/05
17	52	✓	11/25/05
18	53	✓	
19	54	✓	
20	55	✓	
21	56	✓	
22	57	✓	
23	58	✓	
24	59	✓	
25	60	✓	
26	61	✓	
27	62	✓	
28	63	✓	
29	64	✓	
30	65	✓	
31	66	✓	
32	67	✓	
33	68	✓	
34	69	✓	
35	70	✓	
36	71	✓	
37	72	✓	
38	73	✓	
39	74	✓	
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41	76	✓	
42	77	✓	
43	78	✓	
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45	80	✓	
46	81	✓	
47	82	✓	
48	83	✓	
49	84	✓	
50	85	✓	
51	86	✓	
52	87	✓	
53	88	✓	
54	89	✓	
55	90	✓	
56	91	✓	
57	92	✓	
58	93	✓	
59	94	✓	
60	95	✓	
61	96	✓	
62	97	✓	
63	98	✓	
64	99	✓	
65	100	✓	

Claim	Final	Original	Date
16	51	✓	11/25/05
17	52	✓	
18	53	✓	
19	54	✓	
20	55	✓	
21	56	✓	
22	57	✓	
23	58	✓	
24	59	✓	
25	60	✓	
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54	89	✓	
55	90	✓	
56	91	✓	
57	92	✓	
58	93	✓	
59	94	✓	
60	95	✓	
61	96	✓	
62	97	✓	
63	98	✓	
64	99	✓	
65	100	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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